State of Rhode Island and Providence Plantations Department of Administration Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid propo: al.

Solicitation Number:

7550175A2

Solicitation Title:

CHLORINATION SYSTEM AT BURLINGAME STATE PARK - ADDENDUM #2 (14 PGS)

Bid Proposal Submission

Deadline Date & Time:

2/15/2016

1:30 PM

RIVIP Vendor ID #:

40947

Bidder Name:

Ricci Drain-Laying Co., Inc.

Address:

19 Lily Street

Providence, RI 02909

USA

Telephone:

(401) 421-6877

Fax:

(401) 421-6878

Contact Name:

Armando Ricci

Contact Title:

President

Contact Email:

aricci@riccidrain.com

SECTION 2 — DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

- 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or pri icipal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
 - 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or pricipal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes " provide details below

- 1				
N	. 4.	State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the has served within the past two calendar years as either an appointed or elected official of any state government public corporation, including without limitation, any entity created as a legislative body or public or state agassembly or constitution of this state.	I authority or quas	
	5.	List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, an parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the intermediate parent company and the ultimate parent company of the Bidder.	business address	
Discl	osur	re details (continue on additional sheet if necessary):		
		ARMANDO RICCI - PRESIDENT		
		PANGLO DIAGOSTA - V. PRESIDENT		
		ARMANDO RICCI - TREASURER GIULIA DIARTISTA - SECRETARY		
		GIULIA DIAPTISTA - SECRETARY		
		SECTION 3 —CERTIFICATIONS		
		SECTION 3 — SERTIFICATIONS		
Bidders must respond to every statement. Bid proposals submitted without a complete response manner in nonresponsive.				
Indica	ate "Y	(" (Yes) or "N" (No), and if "No," provide details below.		
THE	BIDE	DER CERTIFIES THAT:		
V				
V	_ 1.	The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of intereduring the term of any contract awarded pursuant to this solicitation.	t which may occu	
7	2.	The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation		
4		required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any re lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.		
	3.	The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the evinsurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.	nt that any required	
	4.	The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purc changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, prosecution for fraud.		
<u>Y</u>	5.	The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any en the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commiss other remuneration has been or will be received from any third party or paid to any third party contingent on the	for the purpose o on, fee, gratuity, o	
Y	6	pursuant to this solicitation. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders,		
•	O.	principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, or with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain fr proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Is with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair ar tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, principals, directors, managers, officers, employees, or agents.	irectly or indirectly m submitting a bic collusion or other of any other bidder other bidder, or to and or any persor d proper and is no	

7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 a a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.

The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State o Rhode Island.

Certification details (continue on additional sheet if necessary):		
1/1		
		-
Submission by the Bidder of a bid proposal pursuar State of Rhode Island through the Division of P solicitation and the bid proposal. The Bidder certi agrees to comply with its terms and conditions; (2 information submitted in the bid proposal (includ complete. The Bidder acknowledges that the terms be incorporated into any contract awarded to the B person signing below represents, under penalty of preparation and contents of this bid proposal and proposal on behalf of the Bidder.	urchases on the terms and conditions confies that: (1) the Bidder has reviewed this solicitation this solicitation this solicitation that be and conditions of this solicitation and the bidder pursuant to this solicitation and the bid perjury, that he or she is fully informed	tained in this olicitation and n; and (3) the accurate and proposal will proposal. The regarding the
	BIDDER	
Date: 2-15-16	Name of Bidder 2 2	Co, Tok
		RESIDENT
	Printed name and title of person signing on behalf of Bidder	

Solicitation #:7550175

Solicitation Title: Chlorination System at Burlingame State Park

BID FORM

To:

The State of Rhode Island Department of Administration

Division of Purchases, 2nd Floor

One Capitol Hill, Providence, RI 02908-5855

Bidder:

RICEI DRAW-LAYING CO. INC.

Address (street/city/state/zip)
ARMANDO RICCI ARICCIDRICCIDRAIN. COM

Contact name T= 401-421-Contact telephone

1. BASE BID PRICE

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (including the costs for all Allowances, Bonds, and Addenda):

> (base bid price in figures printed electronically, typed, or handwritten legibly in ink) SEVENTY FOUR THOUSAND EIGHT MUNDED DOLLARS (base bid price in words printed electronically, typed, or handwritten legibly in ink)

Allowances

N/A

Bonds

The Base Bid Price includes the costs for all Bid and Payment and Performance Bonds required by the solicitation.

Addenda

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price includes the costs of any modifications required by the Addenda.

	All Addenda must be acknowledged.		
	Addendum No. 1 dated: FRB. 3, 2016		
	Addendum No. 1 dated: FRB. 3, 2016 Addendum No. 2 dated: FRB. 10, 2016		
	Addendum No. 3 dated:		
	Addendum No. 4 dated:		
	Addendum No. 5 dated:		
	Addendum No. 6 dated:		
_			
2.	ALTERNATES (Additions/Subtractions to Base Bid Price)		
	N/A		
3.	UNIT PRICES		
The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include <u>all</u> costs, including labor, materials, services, regulatory compliance, overhead, and profit.			
Unit P Unit Total	rice No. 1: Site Mobilization and Demobilization LS Quantity 1 Unit Bid Price \$800. Total Price \$8,000.00 price in words EIGHT THOUSAND DOLLARS		
Unit F Unit Total	rice No. 2: Prefabricated Chlorination System with Mixer (furnished and installed) LS Quantity 1 Unit Bid Price \$ 17,600.00 Total Price \$ 17,600.00 price in words \$\sum_{\infty} \sum_{\infty} \tag{\text{TEN}}		
Unit F Neces Unit Total	Price No. 3: Furnish and Install Five (5) Sand/Sediment Filters, Including all ssary Piping Modifications LS Quantity 1 Unit Bid Price \$28,200. Total Price \$28,200. Price in words TUENT EIGHT THOUSAND TWO HUNDED DOWNS		
Unit F Unit Total	Price No. 4: Electrical Work LS Quantity 1 Unit Bid Price 2, 600. Total Price 2, 600. 00 price in words 7200 Thousand 512 Humber Dollars.		

Solicitation Title: Chlorination System at Burlingame State Park

Solicitation #:7550175

Solicitation #:7550175				
Solicitation Title: Chlorination System at Burlingame State Park				
Unit Price No. 5: External Low Water Light. Enunciator Connected to Existing MTU Control Panel Unit LS Quantity 1 Unit Bid Price \$2.00.00 Total Price \$2.00.00 Total price in words 700 Mozsau out Humbled Polices Unit Price No. 6: Re-Calibrate Existing Mag-Meter Unit LS Quantity 1 Unit Bid Price \$2.50.00 Total Price \$2.50.00				
Unit LS Quantity 1 Unit Bid Price \$2,500.00 Total Price \$2,500.00 Total price in words 7200 74045 AND FIVE HUNDRED DOLLARS				
Unit Price No. 7: Power Wash Four (4) Existing 5,000 Gallon Polyethylene Tanks Unit LS Quantity 1 Unit Bid Price \$13,800.00 Total Price \$13,800.00 Total price in words THOUSAND FIGHT HUNDRED TOLLARS				
The Total Amount of this bid, based upon the quantities of materials and labor estimated by the Bidder, (total of Bid Items No. 1 through 7, inclusive), as computed by the Bidder is: SEVENTY FOUR THOUSAND Dollars and No Cents				
SEVENTY FOUR THOUSAND Dollars and No Cents				
(in words)				
0 74 800 00				

Note: This total amount, above, shall match precisely the "Base Bid Price" on Page 1 of the Bid Form.

(in figures)

4. CONTRACT TIME

The Bidder offers to perform the work in accordance with the timeline specified below:

Start of construction:

Within 15 days of Notice to Proceed

Final completion:

Within 60 calendar days

Solicitation #:7550175

Solicitation Title: Chlorination System at Burlingame State Park

5. LIQUIDATED DAMAGES

The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for <u>each</u> calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: None.

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

Date: FEB. 15, 2016

BIDDER

Signatura in inte

Signature in ink ANNULSO RICCI, PRES

Printed name and title of person signing on behalf of Bidder

40947

Bidder's Contractor Registration Number



Lincoln D, Chafee Governor Charles J, Fogarty Director

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training Center General Complex 1511 Pontiac Avenue Cranston, RI 02920-4407

TTY:

Via RI Relay 711

STATE CONTRACT ADDENDUM

RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

PREVAILING WAGE REQUIREMENTS (37-13-1 ET SEQ.)

The prevailing wage requirements are generally set forth in RIGL 37-13-1 et seq. These requirements refer to the prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds exceed one thousand dollars (\$1,000).

All Prevailing Wage Contractors and Subcontractors are reguired to:

- l. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;
- Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7 (see Appendix B attached);
- 3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at www.dlt.ri.gov/pw/Posters.htm .poster/htm or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;
- 4. Access the Department of Labor and Training website, at <u>www.dlt.ri.gov</u> on or before July 1st of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July Ist of each year in compliance with RIGL §37-13-8;
- Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any

An Equal Opportunity Employer/Program./Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711



Lincoln D. Chafee Governor Charles J. Fogarty Director

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training Center General Complex 1511 Pontine Avenue Cranston, RI 02920-4407

Telephone; TTY; (401) 462-8000 Via RI Relay 711

subcontractors and their assignees for prevailing wage work performed pursuant to this contract;

- Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;
- 7. Maintain accurate prevailing wage employee payroll records on a Rhode Island Certified Weekly Payroll form available for download at www.dlt.ri.gov/pw.forms/htm, as required by RIGL §37-13-13, and make those records available to the Department of Labor and Training upon request;
- 8. Furnish the fully executed RI Certified Weekly Payroll Form to the awarding authority on a monthly basis for all work completed in the preceding month.
- 9. For general or primary contracts one million dollars (\$1,000,000) or more, shall maintain on the work site a fully executed RI Certified Prevailing Wage Daily Log listing the contractor's employees employed each day on the public works site; the RI Certified Prevailing Wage Daily Log shall be available for inspection on the public works site at all times; this rule shall not apply to road, highway, or bridge public works projects. Where applicable, furnish both the Rhode Island Certified Prevailing Wage Daily Log together with the Rhode Island Weekly Certified Payroll to the awarding authority.
- 10. Assure that all covered prevailing wage employees on construction projects with a total project cost of one hundred thousand dollars (\$100,000) or more has a OSHA ten (10) hour construction safety certification in compliance with RIGL § 37-23-1;
- 11. Employ apprentices for the performance of the awarded contract when the contract is valued at one million dollars (\$1,000,000) or more, and comply with the apprentice to journeyperson ratio for each trade approved by the apprenticeship council of the Department of Labor and Training in compliance with RIGL §37-13-3.1;
- 12. Assure that all prevailing wage employees who perform work which requires a Rhode Island trade license possess the appropriate Rhode Island trade license in compliance with Rhode Island law; and

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TTY via RI Relay 711



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training Center General Complex

1511 Pontiac Avenue Cranston, RI 02920-4407 Telephone: TTY:

(401) 462-8000 Via RI Relay 711

Lincoln D. Chafee Governor Charles J. Fogarty Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By:

Title: ACMA

ICCI, PRESIDENT

Subscribed and sworn before me this 15 day of FEB., 2016

Notary Public

My commission expires: 3/29/

An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711

BID BOND

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Hartford, Connecticut 06183

CONTRACTOR:

(Name, legal status and address) Ricci Drain-Laying Co., Inc. 19 Lily Street Providence, RI 02909

SURETY:

(Name, legal status and principal place of business) Travelers Casualty and Surety Company of America 300 Windsor Street Hartford, CT 06120

OWNER:

(Name, legal status and address) Rhode Island Department of Administration One Capitol Hill Providence, RI 02908

BOND AMOUNT: \$Five Percent of the Amount Bid (5%)

PROJECT:

(Name, location or address, and Project number, if any) Chlorination System at Burlingame State Park

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor eit er (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material fur ished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effec. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

1

Signed and sealed this 15th day of February, 2016

(Witness) Wilburn

Witness) Colors

Ricci Drain-Laying Co., Inc.

(Principal)

(Seal)

(Title)

ARMANDO RICCI, PRESIDEN

Travelers Casualty and Surety Company of Americ

(Surety)

Seal)

(Title)

David L. Hussey, Attorney-in-Fact



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No.

226337

Certificate No. 006485664

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Michael E. Watts, David L. Hussey, Linda A. Bycholski, and Paul A. Simeon

of the City of	West Hartf	ord	, State o	01	necticut		neir true and lawful	
other writings obli	igatory in the na	ature thereof on beha eeing bonds and unde	lf of the Compan	ies in their busine	ss of guaranteeing	the fidelity of pe	ersons, guaranteeing	
IN WITNESS WI	HEREOF, the C	Companies have cause 2015	ed this instrument	to be signed and t	heir corporate sea	ls to be hereto affi	xed, this	12th
day of								
		Farmington Casual Fidelity and Guara Fidelity and Guara St. Paul Fire and M St. Paul Guardian	anty <mark>Insurance C</mark> anty Insurance U Marine Insurance	Inderwriters, Inc. e Company	Trav Trav	elers Casualty ar elers Casualty ar	urance Company nd Surety Company nd Surety Company and Guaranty Co	of America
CASUALA COMPORTALA COM	ON 1977 OF ME	MCORPORATED STATES	TU FIRE & CO.	SCORPORALS OF SEAL OF	SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL	HARTFORD, CONN.	J HARTFORD S	INCORPORATED STATES
State of Connectic City of Hartford ss					Ву:	Robert L. Rane	y, Senior Vice Presiden	
On this thebe the Senior Vice	President of Far	ay ofAugust mington Casualty Co	mpany, Fidelity a	and Guaranty Insur	ance Company, Fi	delity and Guaran	L. Raney, who acknow ty Insurance Underv Casualty and Surety	riters, Inc., St. Paul

In Witness Whereof, I hereunto set my hand and official seal. My Commission expires the 30th day of June, 2016.



instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

Marie C. Titheault

58440-8-12 Printed in U.S.A.

Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Cast alty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, and Vi President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents of act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attesed and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agent pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this ____15th__day of ___ oald Compa



















To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

uu 38675

LICENSE NUMBER

June 30, 2016

EXPIRATION DATE

UNDERGROUND UTILITY CONTRACTOR LICENSE

Issued this date: 3/3/2015

ARMANDO RICCI-RICCI DRAIN-LAYING CO. INC.

Print Name



12/23/2015

Date

Date

12/9/2015

Date

Executive Director R.I.C.R.I., B Signature

Secrece W.

Licensee Signature

This is a temporary license. Licensee will be required to obtain a photo license card when notified by this Board.



ARMANDO J RICCI DRIVER'S LICENSE #

8818532

FORM W-9 REV 8/15

STATE OF RHODE ISLAND FORM W-9 PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION



THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOU RESOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpaver identification Number (T.I.N.)					
Enter your taxpayer identification number in Social Security No. (SSN) Employer ID No. (EIN)					
the appropriate box. For most individuals, this is your social security number.	2 (1 12 (11 1				
	05 0285722				
NAME RICCI DRAIN-1	AYING CO. INC.				
ADDRESS 19 LILY STREET	5				
CITY, STATE AND ZIP CODE PROVINENCE, RI 02909					
PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE					
ADDRESS					
CITY, STATE AND ZIP CODE					
CERTIFICATION: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because either: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).					
Certification Instructions You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.					
Please sign here and provide title, date and telephone number: SIGNATURE SIGNATURE DATE 2-15-16 TEL NO 401-421-6877					
Original Signature Required (Digital Signature Not Acceptable)	DATE TEL NO 707. TOTOSO 7				
BUSINESS DESIGNATION:					
Please Check One: Individual Corporation Trust/Esta	ate Government/Nonprofit Corporation				
Partnership					
LLC Tax Classification: Single Member (Individual)	Partnership Corporation				
TIPS: NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided. ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following: Same EIN with more than one location attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed. Different EIN for each different location submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)					
Mail Completed Form To: Supplier Coordinator Purchasing Department One Capitol Hill, 2nd Floor Providence RI 02908 For State Use Only: IRSRI SOSFEDOther RI Supplier #Approved					
Or Email To: doa.pursuppliercoordinator@purchasing.rl.gov	Date Entered Entered By				